

ADMINISTRATIVE INDICATORS & GUIDANCE FOR NON-BOARD PROVIDERS

Review Year July 2010 through June 2011

The Guidance is provided as a resource to assist agencies with understanding Key Indicators. The Guidance is not intended to be, nor should be, considered as the ultimate defining resource. It should be, as inferred by its title, a GUIDANCE designed to assist. State and Federal standards including policies and procedures are the ultimate resources for establishing the requirements for an Indicator.

A1	Administrative Issues	Guidance
A1-01	RESIDENTIAL PROVIDERS -IF APPLICABLE: those for whom outlier status has been approved due to the need for enhanced staff support, the Board / Provider provides the additional support as outlined in the approved request	<p>250-11-DD requires that residential service providers must retain staff schedules that document the increased level of supervision is being provided.</p> <p>Using the staffing schedule submitted by the provider and approved by SCDDSN, review the documentation that certifies that the enhanced staff support was provided (100% sample for the last quarter of the year in review) and compare with actual time sheets (showing hours actually worked) to determine if the enhanced staff support was provided.</p> <p>Source: MOA DDSN/HHS, 250-11DD (3/31/09)</p>
A1-02	RESIDENTIAL PROVIDERS -IF APPLICABLE: For those for whom outlier status has been approved due to the need for 1:1 staff support, the Board / Provider provides the additional support as outlined in the approved request	<p>At the end of each shift that 1:1 Supervision was provided the direct care staff assigned to provide the 1:1 supervision must document that the 1:1 supervision was provided.</p> <p>Reviewers: Using the staff schedule submitted by the provider and approved by SCDDSN, review the documentation that certifies that the 1:1 supervision was provided (100% sample for the last quarter of the year in review) and compare with actual time sheets (showing hours actually worked) to determine if the 1:1 staff was provided.</p> <p>Source: MOA DDSN/DHHS, 250-11DD (3/31/09)</p>
A1-03	ALL PROVIDERS: The Board / Provider has a Human Rights Committee that is composed of a minimum of 5 members and includes representation from a family member of a person receiving services, a person representing those receiving services or a self-advocate nominated by the local self-advocacy group, and a representative of the community with expertise or a demonstrated interest in the care and treatment of persons (employees or former employees must not be appointed)	<p>Review Board / Provider Policy regarding the Human Rights Committee. Review membership of the Board / Provider's Human Rights Committee to ensure that membership consists of the required persons and that none are employees or former employees. Membership should reflect cultural, racial, and disabilities diversity. Exceptions to the minimum and composition must be approved by the Associate State Director, Policy.</p> <p>Note: South Carolina Code Ann. 44-26-70 (Supp. 2007) requires that each DDSN Regional Center and DSN Board establish a Human Rights Committee. Contract service providers may either use the Human Rights Committee of the local DSN Board or establish their own Committee. Contract providers must have formal documentation of this relationship.</p> <p>Source: South Carolina Code Ann. 44-26-70 (Supp. 2007) and 535-02-DD Supports CQL Basic Assurances Factor 1, Shared Values Factor 2</p>

A1-04	<p>ALL PROVIDERS: The Human Rights Committee will provide review of Board / Provider practices to assure that consumer rights are protected</p>	<p>Review Board / Provider HRC policy to assure that its defined role and responsibilities are consistent with those set forth in DDSN policy 535-02-DD.</p> <p>Review Board / Provider HRC meeting minutes (100% sample) to determine if the HRC is fulfilling the role and responsibilities as set forth in its policy.</p> <p>Review Board/ Provider HRC meeting minutes/training records (100% sample) to determine if the HRC members have received training as described in DDSN policy 535-02-DD.</p> <p>Note: Effective 6/30/08 the person must be invited to attend HRC meetings when those meetings concern their care/treatment.</p> <p>Source: 535-02-DD Supports CQL Basic Assurances Factor 1, Shared Values Factor 2</p>
A1-05	<p>The Board / Provider employ SERVICE COORDINATION and/ or EARLY INTERVENTION Staff who meet the minimum requirements for the position</p>	<p>Review all Service Coordinators hired during the review period, all SC Assistants, 25% or 5 experienced Service Coordinators (hired prior to review period) and all Service Coordinator Supervisors. Determine from personnel records if the minimum requirements for employment were met or if an exception to the requirement was granted by SCDDSN. Refer to SCDDSN Service Coordination Standards for educational and vocational requirements.</p> <p>Source: DDSN Service Coordination Standards</p> <p>Review all EI's hired during the review period, 25% or 5 experienced EI's (hired prior to review period) and all EI Supervisors. Determine from personnel records if the minimum requirements for employment were met or if an exception to the requirement was granted by SCDDSN. See Early Intervention Standards for educational, vocational and credentialing requirements.</p> <p>Source: EI Manual</p>
A1-06	<p>The Board / Provider employ DAY SERVICES and RESIDENTIAL staff who meet the minimum requirements for the position</p>	<p>Review personnel files for the last 5 currently employed staff in Day Services and Residential Services (if both services are offered, a total of 10 files will be reviewed).</p> <p>1) Each program will designate a Program Director who meets the following minimal qualifications:</p> <ul style="list-style-type: none"> a. Is at least twenty-one years old. b. Have a four-year, baccalaureate degree from an accredited college or university in the human services or related field and two year's experience in administration or supervision in the human services field or have a master's degree from an accredited college or university in the human services or related field and one year's experience in administration or supervision in the human services c. Have references from past employment. <p>2) Each program will employ direct care staff members who meet the following qualifications:</p> <ul style="list-style-type: none"> a. Is at least eighteen years old. b. Have a valid high school diploma or its certified equivalent. c. Have references from past employment if the person has a work history. <p>3) Staff must meet requirements for criminal background checks. Checks should be done in accordance with South Carolina Code Annotated §44-7-2910 (Supp 2007), No support provider may be employed who has been convicted, pled guilty or nolo contendere to:</p>

		<p>1. Abuse, neglect or mistreatment of a consumer in any health care setting;</p> <p>2. An "Offense Against the Person" as provided for in Chapter 3, Title 16;</p> <p>3. An "Offense Against Morality or Decency" as provided for in Chapter 15, Title 16;</p> <p>4. Contributing to the delinquency of a minor as provided for in Section 16-17-490</p> <p>5. The common law offense of assault and battery of a high and aggravated nature;</p> <p>6. Criminal domestic violence, as defined in Section 16-25-20</p> <p>7. A felony drug-related offense under the laws of this state; and</p> <p>8. A person who has been convicted of a criminal offense similar in nature to a crime previously enumerated when the crime was committed in another jurisdiction or under federal law; has a substantiated history of child abuse and/or neglect and/or convictions of those crimes listed in SC Code 20-7-1642 and/or is listed on the SC Sex Offender Registry</p> <p>4) Staff must pass an initial physical exam prior to working in the program. Pass = No documentation in the physical exam report of conditions present that would jeopardize health and safety of people receiving services or staff's ability to perform required duties.</p> <p>5) Staff must pass initial tuberculosis screening prior to working in the program and annually thereafter. Pass = no evidence of communicable disease. Meet requirements of 603-06-DD</p> <p>Source: Residential and Day Services Standards</p>
A1-07	<p>SERVICE COORDINATION and EARLY INTERVENTION staff receive training as required</p>	<p>Review personnel files to determine if training occurred as required. Review all Service Coordinators hired during the review period, all SC Assistants, 25% or 5 experienced Service Coordinators (hired prior to review period) and all Service Coordinator Supervisors. Refer to Service Coordination Standards and SCDDSN Policy 534-02-DD regarding staff training related to abuse, neglect and exploitation and SCDDSN Policy 567-01-DD regarding HIPPA Training. Service Coordination staff must be provided training and must demonstrate competency in the following topic areas: SCDDSN Service Coordination Standards, SCDDSN policies and procedures applicable to Service Coordination, Rights, Local, State, and Community Resources, Access to and use of CDSS/STS, Nature of MR/RD, Autism, traumatic brain injury, spinal cord injury and similar disability (as appropriate), Abuse and Neglect, and Confidentiality. After the first year of employment, all Service Coordination staff must receive a minimum of 12 hours of training annually on topics related to the provision of Service Coordination services and must include training on Abuse and Neglect and Confidentiality.</p> <p>Source: DDSN Service Coordination Standards Supports CQL Shared Values Factors 8 & 10</p> <p>Review personnel files to determine if training occurred as required. Review all EIs hired during the review period, 25% or 5 experienced EI's (hired prior to review period) and all EI Supervisors to ensure that they received initial and ongoing training as documented in their personnel file or records maintained by the EI Supervisor. Staff must comply with SCDDSN Policy 534-02-DD regarding staff training related to abuse, neglect and exploitation.</p> <p>Source: EI Manual Supports CQL Shared Values Factors 8 & 10</p>

A1-08	DAY and RESIDENTIAL Services staff receive training as required	<p>Review personnel files for the last 5 currently employed staff in Day Services and Residential Services (if both services are offered, a total of 10 files will be reviewed).</p> <p>Staff must be trained and be deemed competent in accordance with Department Directive 567-01-DD. There will be a staff development / in-service education program operable in each provider agency which requires all staff to participate in in-service education programs and staff development opportunities. From 567-01-DD: Staff must periodically be required to demonstrate continuing competency on the most critical information and skills taught in the curriculum. Providers have wide latitude in designing the format of such rechecks. Encouraging staff commitment to continuing personal and professional development will expand the capacity to provide quality service and supports. Staff should routinely be exposed to information regarding training resources and opportunities. Supervisors should be working with staff to identify annual personal and professional goals.</p> <p>At a minimum, the provider must document initial employee training. Annually, the provider must document training in the areas of Prevention of Abuse, Neglect and Exploitation, Consumer Confidentiality, Disaster Preparedness, CPR, and an approved behavior supports/ crisis management curriculum, plus a minimum of 10 hours of additional training.</p> <p>Source: Residential and Day Services Standards</p>
A1-09	ALL PROVIDERS: Board / Provider implements a risk management and quality assurance program consistent with 100-26-DD and 100-28-DD	<p>Board / Provider demonstrates implementation of risk management/quality assurance principles by:</p> <ul style="list-style-type: none"> • designated risk manager and a risk management committee; • written policies/procedures used to collect, analyze and act on risk data • documentation of remediation taken • correlating risk management activities with quality assurance activities. <p>Source: 100-26-DD and 100-28-DD Supports CQL Basic Assurances Factors 6 & 10</p>
A1-10	ALL PROVIDERS: Board / Provider follows SCDDSN procedures regarding preventing, reporting and responding to abuse / neglect / exploitation as outlined in 534-02-DD	<p>Board / Provider demonstrates usage of the most current abuse/neglect/exploitation county profile data report to:</p> <ul style="list-style-type: none"> • evaluate provider specific trends over time • evaluate/explain why the provider specific ANE rate is over, under or at the statewide average • demonstrate systemic actions to prevent future abuse/neglect/exploitation <p>Source: 534-02-DD Supports CQL Basic Assurances Factors 4, 6, & 10</p>
A1-11	ALL PROVIDERS: Board / Provider follows SCDDSN procedures regarding preventing, reporting and responding to critical incidents as outlined in 100-09-DD	<p>Board / Provider demonstrates usage of the most current critical incident county profile data report to:</p> <ul style="list-style-type: none"> • evaluate provider specific trends over time • evaluate/explain why the provider specific CI rate is over, under or at the statewide average • demonstrate systemic actions, as applicable, to prevent future incidents <p>Source: 100-09-DD Supports CQL Basic Assurances Factors 4, 5, 6, & 10</p>
A1-12	ALL PROVIDERS: Board / Provider follows SCDDSN procedures regarding death or impending death as outlined in 505-02-DD	<p>Board / Provider demonstrates usage of the most current death county profile data report to:</p> <ul style="list-style-type: none"> • evaluate provider specific trends over time • evaluate/explain why the provider specific death rate is over, under or at the statewide average • demonstrate systemic actions, as applicable, to prevent future

		<p>occurrences</p> <p>Source: 505-02-DD</p> <p>Supports CQL Basic Assurances Factor 10 and Shared Values Factor 10</p>
A1-13	<p>RESIDENTIAL PROVIDERS & DAY SERVICE PROVIDERS IF APPLICABLE:</p> <p>The Board / Provider follows SCDDSN procedures regarding Medication Error/ Event Reporting, as outlined in 100-29-DD</p>	<p>Determine if the Board / Provider has developed an internal database to record, track, analyze, and trend medication errors or events associated with the administration of medication errors.</p> <p>Proactive analysis of trends should be coupled with appropriate corrective actions. These actions may include, but are not limited to, additional training (including medication technician certification), changes in procedure, securing additional technical assistance from a consulting pharmacist or other medical professional, and improving levels of supervision. If medication errors have been recorded, but not analyzed, the standard has not been met.</p> <p>Source: 100-29-DD</p> <p>Supports CQL Basic Assurances Factor 5</p>
A1-14	<p>RESIDENTIAL PROVIDERS:</p> <p>Upper level management staff of the Board / Provider conduct quarterly unannounced visits to all residential settings to assure sufficient staffing and supervision are provided. SLP II should include visits to all apartments</p>	<p>When a residential setting does not utilize a shift model for staffing (e.g. CTH I and SLPI) visits need only to be conducted quarterly. Managers should not visit homes they supervise, but should visit homes managed by their peers. Senior management may visit any/all of the homes. Documentation of the visit must include the date and time of the visit, the names of the staff/caregivers and residents present, notation of any concerns and actions taken in response to noted concerns. Please note: It is not necessary to visit individual SLP II apartments during 3rd shift, although 3rd shift checks to the complex/staff review are still required.</p> <p>*Quarterly = 4 times per year with no more that 4 months between visits.</p> <p>Source: Contract...Capitated Model Article III</p> <p>Supports CQL Basic Assurances Factor 10</p>
A1-15	<p>ALL PROVIDERS:</p> <p>Board / Provider keep service recipients' records secure and information confidential</p>	<p>Determine if records are maintained in secure locations. Look for evidence that confidential information is kept confidential. Consider the following:</p> <ul style="list-style-type: none"> • Are any records in public areas or in areas that are not secure including lying on desks in empty offices, etc? • Is personal information in conspicuous locations or posted in common areas? • Is information about one person found in another person's file? (Cite only if two or more occurrences) • Are records/information provided or released without consent including by the phone? • Are computers and fax machines in easily accessible public areas with incoming/outgoing information left on/around the machine? • Are staff heard discussing information about clients in restrooms, hallways, etc. in a manner that clearly identifies the person about whom they are speaking? <p>Source: 167-06-DD</p>
A1-16	<p>HASCI PROVIDERS:</p> <p>For persons who receive Individual Rehabilitation Supports, Lead Clinical Staff attends and chairs a staff meeting at least monthly during which administrative and consumer treatment issues are considered</p>	<p>Review documentation to determine if staff meetings were held at least monthly and were attended by the LSS. Documentation of the meeting is to reflect:</p> <ul style="list-style-type: none"> • Topics reviewed • Actions/Recommendations; or statement that actions/recommendations are not needed. • Date of meeting; and • List of participants. <p>Documentation of the meeting is to be identified as "Monthly Administrative</p>

		<p>Review” and maintained in the Administrative Day record. If not met, document review period dates and date range out of compliance*</p> <p>Source: Rehabilitation Supports Manual</p>
A1-17	<p>RESIDENTIAL PROVIDERS: Board / Provider conducts all residential admissions / discharges in accordance with 502-01-DD</p>	<p>Review all “Community Residential Admissions/Discharge Reports” submitted to DDSN. Review relevant supporting documentation to assure all of the admissions / discharge criteria stipulated in 502-01-DD were met. Compare “Community Residential Admissions / Discharge Reports” against relevant CDSS/STS data to assure actual admissions / discharges and transfers do not occur prior to DDSN approval (District Office and Central Office/fiscal). Also, verify that the home is properly licensed for the number of people intended to live there, including the new admission, on the admission date.</p> <p>Source: 502-01-DD</p>
A1-18	<p>ALL PROVIDERS: Annually, employees are made aware of the False Claims Recovery Act, that the Federal government can impose a penalty for false claims, that abuse of the Medicaid Program can be reported and that reporters are covered by Whistleblowers’ laws</p>	<p>Review the annual statement that all employees sign concerning fraud, abuse, neglect, and exploitation of consumers to determine if it also contains a statement that (1) the employee is aware of the False Claims Act and that the Federal Government can impose a penalty on any person who submits a false claim to the federal government that he/she knows or should know is false; (2) they are aware that they can report abuse of the Medicaid program; and, (3) they are protected by “Whistleblower Laws.”</p> <p>Source: Contract for ... Capitated Model and Source: Contract for ... Non-Capitated Model</p>
A1-19	<p>SERVICE COORDINATION providers must have a system that allows access to assistance 24 hours daily, 7 days a week</p>	<p>Test the system by making calls before/after normal business hours.</p>

A2	Fiscal Issues	Guidance
A2-01	BOARD PROVIDERS ONLY: The Governing Board approves the annual budget and Comprehensive Financial Reports are presented at least quarterly to the Governing Board with a comparison to the approved budget	Review Governing Board Minutes for evidence that the Board approves the annual budget and reviews Financial Reports at least on a quarterly basis. Source: Contract for ...Capitated Model and Contract for Non-Capitated Model Supports CQL Basic Assurances Factor 10
A2-02	BOARD PROVIDERS ONLY: Annual Audit Report is presented to Governing Board once a year and includes the written management letter	Review Governing Board minutes to determine if the final annual audit report and any management letter comments are presented by the external auditor or CPA to the Governing Board. Source: 275-04-DD Supports CQL Basic Assurances Factor 10
A2-03	RESIDENTIAL PROVIDERS: The person's financial responsibility is made known to them by the Board / Provider	Determine that a Statement of Financial Rights exists and was completed when the person was admitted to the residential program. This form should be signed by the person or his/her parent, guardian, or responsible party.